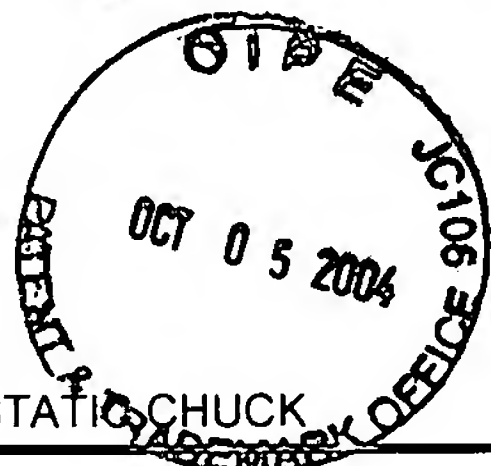


IFW

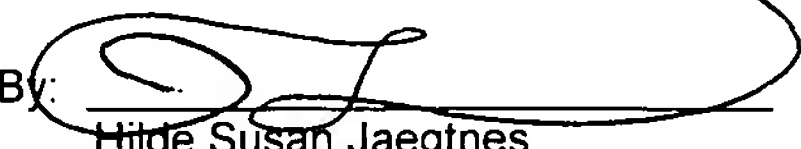
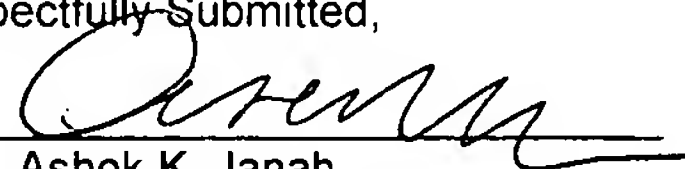
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brown et al. Application No: 10/816,152 Confirmation No: 9014 Filed: 03/31/2004 Title: DETACHABLE ELECTROSTATIC CHUCK	Group No: 2836 Examiner: Unknown Attorney Docket No: 008325 USA/AGS/IBSS/LP Friday, October 01, 2004 San Francisco, CA 94107
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Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input checked="" type="checkbox"/> 1 Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Postcard for Return (2)	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$110.00	\$55.00
	<input type="checkbox"/> Two Months	\$430.00	\$215.00
	<input type="checkbox"/> Three Months	\$980.00	\$490.00
	Total \$ 0.00 <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	17	20	0	\$18.00	\$9.00	\$0.00
Independent Claims	3	3	0	\$86.00	\$43.00	\$0.00
Multiple Dependent Claims			0	\$290.00	\$145.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment Extension Fees \$0.00 Fees for Extra Claims \$0.00 Total \$0.00		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. By:  Date: October 1, 2004 Hilde Susan Jaegtnes		Respectfully Submitted, By:  Date: October 1, 2004 Ashok K. Janah Registration No. 37,487